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THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Joseph A. Iadanza

Group Art Unit: 2815

Filed: 2/26/2002

Examiner: Ortiz, Edgardo

Serial No.: 09/683,872

Docket No.: BUR920010100US1

Title: **METHOD OF CONNECTING CORE I/O PINS TO BACKSIDE CHIP I/O PADS**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Request for Reconsideration

Sir:

This Request for reconsideration is in response to the Final Office Action mailed July 14, 2004.

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CONCLUSION

Based on the preceding arguments, Applicants respectfully believe that all pending claims and the entire application meet the acceptance criteria for allowance and therefore request favorable action. If the Examiner believes that anything further would be helpful to place the application in better condition for allowance, Applicants invites the Examiner to contact Applicants' representative at the telephone number listed below. The Director is hereby authorized to charge and/or credit Deposit Account No. 09-0456.

Date: 09/09/2004

Jack P. Friedman
Jack P. Friedman
Registration No. 44,688

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3 Lear Jet Lane, Suite 201
Latham, New York 12110
(518) 220-1850

09/683,872

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/683872
Bur 92 0210102

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	22	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	22 minus 20 =	* 2
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐OR OTHER THAN
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	36.-
X42=		OR	X84=	84.-
+140=		OR	+280=	
TOTAL		OR	TOTAL	860.-

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 22	Minus	** 22	= -
	Independent	* 3	Minus	*** 4	= -
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 22	Minus	** 22	= -
	Independent	* 6	Minus	*** 4	= 2
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	172
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	172

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.